



DeLisle Associates LTD

Complete and Fax or Mail Back To:
Attn: Training Services Coordinator, Ronda Shearer
Phone: (269) 373-4500 ext. 117 Fax: (269) 373-1044

Registration Form



Contact Name _____

Company _____

Billing Address: _____

City/State/Zip _____

Phone _____ Fax: _____

Email: _____

Please Register the Following Person(s)

Name: _____

Name _____

Name _____

Name _____



40-Hr. HAZWOPER (Monday-Friday)	\$425
8-Hr. HAZWOPER Refresher	\$125
40-Hr. Asbestos Contractor Supervisor	\$450
8-Hr. Asbestos Contractor Supervisor Refresher	\$125
4-Hr. Asbestos Inspector Refresher	\$75
4-Hr. Management Planner Refresher	\$75
2-Hr. Asbestos Awareness	\$25

In the (Course Name) _____

Scheduled For _____

Course Fee: _____



**Payment Must Be Made On or Before The First Day of Class.
Certificates of Training Will Not Be Issued Until Full Payment is Received.**

Full refunds given on prepayments only if called in one (1) week prior to cancellation of class. Requests for refunds may be made by telephone, but must be confirmed in writing. Fees may be transferred to another participant or to an alternate course date without penalty provided notification is received at least one (1) working day prior to course date. DeLisle Associates reserves the right to cancel or modify courses when circumstances warrant. In the event DeLisle Associates finds it necessary to cancel the course, full refunds will be made if the student is unable to reschedule. Cancellations on the client/students part are subject to charges unless 48 hours notice is given.

Please indicate method of payment:

- Cash, Check, or Credit Card Day of Class
- I want to prepay with the enclosed check
- Credit Card # _____ Exp. Date: _____

- Unless you are told otherwise, all classes begin at 8:00 a.m.
- Complimentary coffee and donuts included.
- Experienced and Knowledgeable instructors for all courses.